

## Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: WC Item Filings

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

SERFF Tr Num: LDDX-125244712 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC AR0024007R02

Co Status:

Author: SPI ORChicago

Date Submitted: 07-26-2007

State Tr Num: AR-PC-07-025615

State Status:

Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding

Disposition Date: 07-30-2007

Disposition Status: Approved

Effective Date (New): 07-01-2008

Effective Date (Renewal):

Effective Date Requested (New): 07-01-2008

Effective Date Requested (Renewal):

## General Information

Project Name: WC Item Filings

Project Number: WC AR0024007R02

Reference Organization:

Reference Title:

Filing Status Changed: 07-30-2007

State Status Changed: 07-30-2007

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation wishes to adopt NCCI Item filing 01-AR-2007 effective 7/1/08.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Patricia Wynne, Compliance Coordinator

307 N. Michigan Avenue

Chicago, IL 60601

pwyne@oldrepublic.com

(312) 762-4540 [Phone]

(312) 762-4950[FAX]

### Filing Company Information

Old Republic General Insurance Corporation

307 N. Michigan Avenue

Chicago, IL 60601

(312) 762-4500 ext. [Phone]

CoCode: 24139

Group Code: 150

Group Name:

FEIN Number: 36-6067575

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State of Domicile: Illinois

Company Type:

State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$25.00	07-26-2007	14789293

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-30-2007	07-30-2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
NAIC Transmittal attached	Note To Reviewer	SPI ORChicago	07-26-2007	07-26-2007

## Disposition

Disposition Date: 07-30-2007

Effective Date (New): 07-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic General Insurance Corporation	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

**Note To Reviewer**

**Created By:**

SPI ORChicago on 07-26-2007 09:42 AM

**Subject:**

NAIC Transmittal attached

**Comments:**

NAIC transmittal attached as required.

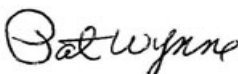
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Old Republic Insurance Group				<b>Group NAIC #</b>	0150
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Old Republic General Insurance Corporation	IL	24139	36-6067575			

<b>5. Company Tracking Number</b>	WC AR0024007R02
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Patricia Wynne 307 N. Michigan Avenue Chicago IL 60601	Compliance Coordinator	800-621-0365 Ext. 4540	312-762-4950	pwynne@oldrepublic.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Patricia Wynne			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Workers Compensation Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 07/01/2008      Renewal: 7/1/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	01-AR-2007
<b>18. Company's Date of Filing</b>	7/26/07
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR0024007R02
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic General Insurance Corporation wishes to adopt NCCI Item filing 01-AR-2007 effective 7/1/08.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="185 1461 295 1516"> <p><b>Check #:</b></p> <p><b>Amount:</b></p> </div> <div data-bbox="159 1757 1295 1812"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



## Rate Information

Rate data applies to filing.

**Filing Method:**

Prior Approval

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

0.000%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Old Republic General Insurance Corporation	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-30-2007
<b>Comments:</b>	Included		
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	07-30-2007
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	07-30-2007
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			